



Winchester Fire and Rescue

FIRE, RESCUE, HAZARDOUS MATERIALS, & EMERGENCY COMMUNICATIONS

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Blasting / Explosive Permit Application

(Must Be Submitted 48 hours Prior)

Note: All Information Must Be Completed

	<i>For Office Use Only</i>
Check One: <input type="checkbox"/> Transportation	Permit Number:_____
<input type="checkbox"/> Storage	Permit Number:_____
<input type="checkbox"/> Use	Permit Number:_____

Company Information

Company Name:_____	
Company Address:_____	
Office Telephone:_____	Emergency:_____
Insurance Company:_____	
Policy Number:_____	
Effective Period: From _____/_____/_____	To: _____/_____/_____

Vehicle Information

Make:_____	Model:_____	Year:_____
License Number:_____	State:_____	Color:_____
Vehicle Identification Number:_____	HU Number:_____	
Registered Owner:_____		
Address:_____		
Phone Number:_____	Emergency:_____	

Site Information

Purpose For Permit:(i.e. footers, excavation)_____	
Job Location:_____	
Certified Blaster In Charge:_____	
State Certificate Number:_____	
Approximate Length of Job (<i>Dates</i>):From _____/_____/_____	To: _____/_____/_____
Type of Day Storage / Magazine:_____	
Company Supplying Explosives (<i>If Different Than Storage</i>):_____	
Address of Company Supplying Explosives:_____	

WFRD200

Magazine Location: _____

Magazine on Property Owned By: _____

Certified Blaster in Charge of Magazine: _____

State Storage Permit Number: _____
(Needed Only if Winchester did Not Issue Permit)

Maximum Amount of Storage: Explosives: _____ Caps: _____

Company Supplying Explosives: _____

Address: _____

Telephone Number: _____

Type of Explosives (size): _____

It is acknowledged and agreed that a condition of this permit, is the use of explosives in accordance with Article 30 of the Virginia Fire Prevention Code, Current Edition. Complete plans and construction details must be submitted on all major projects and when requested by the City Fire Chief. The City of Winchester, assumes no responsibility, either written or implied, for accidents that could occur as a result of permitted explosives use.

Date _____

<u>Vehicle Inspection</u>	<u>Site Inspection</u>
Appropriate Company Name <input type="checkbox"/>	Mats <input type="checkbox"/>
Make and Model <input type="checkbox"/>	Signs <input type="checkbox"/>
Vehicle Identification Number <input type="checkbox"/>	Blaster(s) <input type="checkbox"/>
License Plate Number <input type="checkbox"/>	Vehicle <input type="checkbox"/>
License Plate Expiration <input type="checkbox"/>	Exposure Properties <input type="checkbox"/>
Vehicle Registration <input type="checkbox"/>	Seismograph <input type="checkbox"/>
Engine Compartment <input type="checkbox"/>	Overall Site Safety <input type="checkbox"/>
Lights, Horn, etc. <input type="checkbox"/>	
Fire Extinguisher <input type="checkbox"/>	
Placards <input type="checkbox"/>	
Remarks: _____	

_____ <i>Inspector Signature</i>	_____ <i>Date</i>

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Site Plan

